



Exhibit 1.1
FY 07 Community Development Block Grant Program
CDBG Application Information
DRAFT BLUEPRINT STRATEGIC PLAN JULY 2005

Item/Purpose	Purpose	Action Steps	Timeline/Projected Outcome
1. Establish Central Intake	<ul style="list-style-type: none"> - To streamline homeless service intake; to establish a resource and referral mechanism for the community; to improve data collection on the homeless; to lay the foundation for a regional centralized intake. 	<ul style="list-style-type: none"> - Convene a working group consisting of Norfolk Homeless Consortium, City staff, and other providers or stakeholders including representatives of the United Way and the faith community. - Identify the staffing and resources needed to serve homeless families with children in years 1 and 2, and homeless individuals by year 3. - Secure permanent funding and/or resources to implement the project. - Educate the public about central intake and implement the project. - Establish a mechanism to routinely exchange information among homeless service providers and stakeholders in Central Intake. - Assess and evaluate the effectiveness of Central Intake and make adjustments as appropriate. 	<ul style="list-style-type: none"> - Working Group convenes September 30 through December 31, 2005. - Staffing and funding identified by March 30, 2006. - Project is implemented by July 1, 2006. - Assessment and evaluation are ongoing throughout the project. - 50% of all families seeking shelter utilize central intake by September 1, 2006. - 75% of all families seeking shelter utilize central intake by July 1, 2007. - 50% of all homeless individuals utilize central intake by July 1, 2008. - 75% of all homeless individuals utilize central intake by July 1, 2009.
2. Establish a Low Income Housing Trust Fund	<ul style="list-style-type: none"> - To enhance the community's housing options for the very low income (30% or less of the area median income); to 	<ul style="list-style-type: none"> - Establish a Housing Trust Fund Planning Committee with a defined membership, mission, work plan, and timeframe to develop recommendations on leveraging strategies and 	<ul style="list-style-type: none"> - \$2 million to be raised by December 1, 2006. - Initial round of funding

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	secure reliable revenue sources for these projects over time that are not subject to annual competition with other City priorities; to leverage State and Federal funding.	<p>programming.</p> <ul style="list-style-type: none"> - The Committee will include city officials (Finance, Budget, Homelessness, NRHA, CSB, Grants Management, Human Services) and private partners (representatives from financial institutions, charitable foundations, major corporations). The group will recommend annual revenue and expenditure targets. Priority consideration will be given to strategies that combine dedicated local revenue streams, State, Federal, and private contributions. Possible sources include: set-aside of deed recordation fees or other local General Fund contributions, developer contributions, State funds, CDBG/HOME or other Federal funds. Expenditures will include projects that leverage other revenues (LIHTC equity, debt financing, e.g.), that improve existing affordable housing stock, and those that provide permanent supportive housing for the very low-income (0-30% AMI.) - Work with Intergovernmental Affairs and interested stakeholders to secure State and/or Federal appropriations for the trust fund. - Establish administrative structure to oversee collection and disbursement of LIHTF revenues. - Initiate first round of grant projects. - Revenues identified and secured annually by July 31st and grant projects awarded by October 1st of each subsequent year. 	<p>projects awarded by March 1, 2007.</p> <ul style="list-style-type: none"> - Second and subsequent year's funding secured by July 31, 2007 and annually thereafter. - Second annual project awards by October 1, 2007 and annually thereafter. - LIHTF size increases to \$5 million by 2012. - More than 1,000 families assisted with housing (either through rehab/development of additional ADUs or direct housing assistance including permanent supportive housing for the homeless and disabled.)
3. Replicate Hennepin County Rapid Exit	- To reduce the number of families with children in emergency shelter; to reduce the length of stay of families with children in emergency shelter.	<ul style="list-style-type: none"> - Initiate Request for Proposal - Select Offeror(s) - Establish Advisory Committee - Establish baseline data on lengths of stay in shelters and number of families served. - Initiate project (barrier screening, selection of experimental and control groups) - Monthly meeting of Advisory Committee to ensure the success of the project. - Provide quarterly reports to the Advisory 	<ul style="list-style-type: none"> - September 30, 2005 RFP is released. - RFP awarded December 30, 2005. - Project initiated by February 1, 2006. - 50 families served in 1st year, 85% do not return to shelter after 12 months. - Evaluation provided by

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		Committee and Commission. - Evaluate project outcomes and identify strategies for the future. - If positive, identify resources to expand the project to more families and repeat steps identified above. - If outcomes remain positive, expand project to single adults in conjunction with Central intake and Housing First projects.	March 30, 2007. - If outcomes are positive, project is expanded to 100 families by July 1, 2008. - Project for single adults initiated by July 1, 2009. - 250 families and 250 single adults are served by 2012. - Length of stay in shelter decreases by 50% by 2012.
4. Initiate Housing First Projects	- To reduce the number of chronic street homeless; to provide safe, permanent, and supportive housing for the disabled and other homeless adults.	- Convene a working group of Commission members, the Community Services Boards, the Norfolk Homeless Consortium, and other interested stakeholders to identify strategies to secure permanent supportive housing for single homeless adults. - Secure funding for rehab, renovation, and creation of additional affordable housing units to serve the very low income and disabled. - Secure funding to develop an Affordable Housing Database to centralize housing resources and vacancy information. (Note: Application was submitted to the United Way 8/05) - (This project will work in conjunction with the Low Income Housing Trust Fund and Central Intake initiative.)	- 2005-2006: +15 units - 2006-2007: +30 units - 2007-2008: +50 units - 2008-2009: +75 units - 2009-2010: +100 units - 2010-2012: +150 units - The number of chronic street homeless is reduced 50% by 2010.
5. Healing Place	- To provide on-demand substance abuse treatment and housing for the homeless in South Hampton Roads; to reduce the number of chronic street homeless.	- Identify a philanthropic champion to bring a Healing Place to Southside Hampton Roads. The Healing Place is a national model for peer-based substance abuse treatment for the homeless and is now operating in KY, NC, and Richmond. (Note: A site visit to NC to observe the Healing Place occurred in August, 2005. Foundation officials were invited and there may be some interest in the project.) - Encourage support for the project through local foundations, the Regional Taskforce on Homelessness	- \$5 million secured through private fundraising efforts by July 1, 2008. - The Healing Place Hampton Roads opens its doors by July 1, 2010. - A minimum of 100 homeless persons with substance abuse issues per year receive housing and treatment. 65% remain

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			sober and housed after 12 months. - The number of chronic street homeless is reduced 50% by 2012.
6. 24 Hour Care Center	- To provide homeless adults with a safe place to go during the day; to increase income to the homeless and increase access to mainstream benefits programs.	- Work with the Union Mission, City agencies, and homeless service providers to ensure that the Virginia Beach Blvd. campus provides a safe place for the homeless to go during the day and that mainstream benefits and employment services are available on-site. - Information on services and benefits provided via the 24 Hour Care Center are collected through the Homeless Management Information System (HMIS). - Reports are generated and reviewed to identify the effectiveness of the approach and potential improvements/service gaps.	- Day Center is available 7 days a week by July 1, 2008. - Reports are provided via the Norfolk Homeless Consortium on utilization of the Center. - Income among homeless adults utilizing the Care Center increases by 10% overall annually.
7. Interdisciplinary Team	- To establish a regularly scheduled working group of Human Services, Norfolk Public Schools, Department of Health, homeless service providers, and Norfolk Interagency Consortium staff to facilitate and/or expedite the coordination of services to homeless families with children.	- Convene City agencies, providers, and Schools to identify protocols. - Convene working group and begin collecting data. - Group meetings occur regularly, data captured on services provided, school attendance, and other indicators as appropriate and available.	- October 15, 2005, working group established: - December 15, 2005, protocols established. - 200 homeless families with children receive coordinated care plans by July 1, 2007. - 25% increase in children who meet satisfactory school attendance by July 1, 2007.